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ABSTRACT

A practicum was conducted to address the problem of medical exclusion of kindergarteners in a Chicago elementary school serving black, low income children. In order to comply with the state health law, all students entering school for the first time must show evidence of a current physical examination and up-to-date immunizations. Students not in medical compliance by October 15 are excluded from school until they meet these requirements. A review of the literature revealed that the preferred method of achieving medical compliance was to refuse admittance to school to any student lacking these medical requirements. Instead of refusing admittance, a 3-month campaign was waged beginning in the summer of 1984 to give information to parents about available medical services. Since the area was isolated from city health facilities and parents were poor, free and inexpensive medical care was coordinated at facilities near the school. Notices sent home with students and given at parent group meetings disseminated information about medical requirements and the availability of health care. While the goal of 90 percent medical compliance was not achieved by October 15, considerable gains were made and by that date, 71 percent of the students had received the needed health care. Recommendations were made for decreasing parental indifference through parent groups and high school education so that medical exclusions can be further reduced in the future. (Author/CB)

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Date of Final Approval of Report

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REDUCING MEDICAL EXCLUSIONS OF KINDERGARTEN CHILDREN

by

Marilyn P. Bastien

Cluster 14

A Practicum Report Presented to the Ed.D. Program
in Early Childhood
in Partial Fulfillment of the Requirements
for the Degree of Doctor of Education

NOVA UNIVERSITY

1984

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ABSTRACT

Reducing Medical Exclusions of Kindergarten Children. Bastien, Marilyn P., 1984: Practicum Report, Nova University Ed.D. Program in Early Childhood
Descriptors: Immunization Programs/ Kindergarten/ Public Health/ Physical Examinations/ Childhood Disease/ Parental Involvement/ Health Needs/ School Health Needs

This practicum addressed the problem of medical exclusions of kindergarten children. In order to comply with the state health law, all students entering school for the first time must show evidence of a current physical and up-to-date immunizations. Students not in medical compliance by October 15 are excluded from school until they received the necessary medical requirements.

A review of the literature revealed that the preferred method of achieving medical compliance was to refuse admittance to school to any student lacking the necessary health requirements. Instead of refusing admittance, a three month campaign was waged, both in the community and in school to give information to the parents. Free and inexpensive medical care was coordinated at nearby facilities. Parent groups and students assisted in spreading information both of the health requirements and the places where medical care was available.

While the goal of 90% medical compliance was not achieved by October 15, considerable gains were made. On September 20, 1984, only 30% of the kindergarten students were in compliance. By October 15, 71% of the students had received the needed health care. Parental indifference appeared to be the reason the goal of 90% was not reached on October 15.

Chapter I

INTRODUCTION

Setting

Esmond School is located in the multi-cultural city of Chicago, Illinois. Over three million persons reside in this industrial and transportation center. Long noted as being the crossroads of America, Chicago has been changing its racial complexion. Blacks now make up the largest ethnic group and they live in neighborhoods that are nearly all black. Esmond School is located in such a community. Chicago's fastest growing ethnic group consists of Spanish-speaking people, or Latinos. Other large ethnic groups include Poles, Germans, Irish, Italians, Austrians, Greeks, Hungarians, Lithuanians, and Ukrainians. 90% of all Chicagoans were born in the United States (Wille, 1982).

Esmond School is located in the historic Morgan Park community. The old Vincennes Trail used by Indians to travel from Chicago to Indiana is now Vincennes Avenue and passes near our school. The brick section of our old building was built in 1891. As it has with many other houses and buildings in the area, the Ridge Historical Society has documented Esmond's historical significance by awarding a certificate recognizing the antiquity and architectural contributions to the community. An addition was added to the school in 1937. A modular building, located south of the old building, was constructed in

1971 (Student Handbook, 1981).

Esmond is located on the far boundary of the city of Chicago, about 16 miles southwest of the Loop. Public transportation is poor in this area with the exception of the Rock Island Railroad which connects the Morgan Park area with the business center of the city. Students live within walking distance of the school; there is no school bus service.

School

Esmond School services children from 3 to 16. There are two Headstart Programs, one for 3-year-olds, and the other for 4-year-olds, two kindergartens, and Grades 1, PRE-2, 2, 3, 4, 5, 6, 7, and 8. Esmond also has a fine Special Education Department with three Learning Disabilities Resource specialists, two self-contained Behavior Disordered rooms, and two self-contained rooms for the Educable Mentally Handicapped. Students are also serviced by two Chapter I programs, a Media Specialist, Physical Education Instructor, Assistant Principal, Elementary Counselor, and a Principal who has guided the school for over twenty-five years.

The ancillary staff provides services to the students as well. This includes an itinerant Hard-of-Hearing therapist, a Speech and Language Therapist, Teacher-Nurse, Social Worker, and Psychologist. Special Education Coordinators work at the District Office and are readily available for consultation and/or staffings.

Student Body

Esmond School's student body has changed its complexion through the years. Since the 1890's, the student population has been integrated, with about half being black and half white. During the end of the 60's and the beginning of the 70's there was a complete change of racial character. The enrollment increased to over a thousand and became almost entirely black. Currently, in 1984, the student population consists of 750, with 99+% of the pupils being black (Love, 1983).

The annual report on school characteristics (Love, 1983) lists 36.9% of the students as low-income. More than half of the children qualify for the government free lunch program by meeting the financial guidelines set forth annually.

Student movement is a serious problem in our school area. In the 1982-83 school year, there were 233 incoming students and 208 transfer outs. This does not include the 87 graduates or the 63 kindergarten students who entered during the school year. This problem has been compounded this year with several students transferring and re-entering at least three times from September to April.

The kindergarten population consists of 32 boys and girls, all black. Of these students, 17 had been enrolled in the Headstart program at Esmond during the previous year. The majority either came from a private pre-school or had no educational background. Six of the kindergarten students

are 6-years-old and repeating kindergarten. Their progress last year was so slow as to prevent success in the first grade. All of these students have been recommended for full case study evaluations and the proper referrals have been made.

Writer

The writer serves in the role of elementary counselor at the Esmond School. As counselor her responsibilities ar varied. It is the responsibility of the counselor to (1) serve as resource person for the staff and sounding board for many of their problems; (2) coordinate both the Reading and Math programs in the school; (3) coordinate the testing programs in the school, in-servicing the teachers on test-taking skills as well as administering the tests; (4) assist with the screening process in the identification of children with special needs, and facilitate the staffing and placement of such children; (5) assist with the school organization and placement of students; (6) work actively with community groups, (currently an officer for the P.T.A.); (7) assist the Teacher-Nurse; (8) schedule parent appointments for the Social Worker; (9) counsel 8th graders and assist in high school selection and registration. In other words, the counselor works to fulfill any need that may arise within the school setting.

Chapter II

STUDY OF THE PROBLEM

Problem Statement

In order to comply with the health requirements of the Illinois State School Code and the Illinois Department of Public Health, all students entering school for the first time, or new to Illinois schools, must show evidence of a current physical examination and complete, up-to-date immunizations. These are required to protect the health of all students in the Illinois schools already in attendance. With the heavy turnover in student enrollment, the struggle to get students into medical compliance is continuous.

Students who are not in compliance with the state health laws are given notice of non-compliance around October 1. On the last school day before October 15, the Notice of Exclusion from School--Exclusion 80(Appendix A) is given to the child. Exclusion 80 notifies parents that the pupil has been excluded from school attendance by statutory directive.

Due to this exclusion from school, many students have an interruption to their educational program during this critical entry period in kindergarten. Besides this disruption to their school program, excluded children often lag behind their peers in social and educational experiences. Thus, this exclusion from school gives many children a poor start to their academic experiences. As frequently occurs, those children who need school most are usually those who are excluded.

Consequently, many kindergarten children are excluded from school on October 15 due to incomplete medical records and/or immunizations. They are required by law to present a medical examination less than one year old, complete immunization records, and current immunizations.

Evidence of the Problem

In October, 1983, 60% of the kindergarten students of Esmond School were not in medical compliance. Notices of Exclusion from School (Exclusion 80-Appendix A) were sent to 38 out of 63 kindergarten students. Many parents brought their children into medical compliance by procuring new medical examinations, providing proof of previous immunizations, and/or securing the needed immunizations. Still, according to the 83/84 Attendance Books for kindergarten, 18 students, 29%, were excluded from actual school attendance for non-compliance of the Health Code.

Cause of the Problem

There were many causes for this problem of medical non-compliance.

With the high degree of mobility, many students were new to Esmond School, the Chicago Public Schools, and/or the state of Illinois.

The low-income status of many of our parents mandated dependence on Public Health facilities.

Few of the kindergarten students came from two-parent homes. Frequently the parent was very young and inexperienced.

Many mothers were away from home for a great part of the day, either working or attending school.

Esmond School, 11200 South, just 7 blocks from the city limits was located far from most health facilities.

Efforts had been made to scan medical records for non-compliance at the time of enrollment, until the Teacher-Nurse had an opportunity to evaluate the records and determine if they were complete and up-to-date. The major difficulty lay in the fact that our Teacher-Nurse was assigned to five schools encompassing a population of over 2,500 students. She was responsible for the health needs, as well as health records, of all 2,500 students. Since the Teacher-Nurse only serviced Esmond two days a week, she was rarely present on the days of the heaviest student enrollment.

Related Literature

The school is the focal point when the needs of children are to be filled. Not only do the schools service the students from the ages of 3 to 21, but they also present a situation where children may be exposed to contagious diseases.

Hinman (1980) stresses the role of the school in the national campaign. It was recognized early that enforcing compulsary legislation through the schools was practical and virtually failsafe. Not only are children the population at greatest risk, but schools represent a primary site for transmission. The monumental task required commitment from

education leaders as well as participation of parents, teachers, nurses, and other school personnel. Not only did health records need to be checked, but it was necessary to explain to the community, especially parents and students, the immediate need for compliance with mandated immunization regulations, and the anticipated benefits of doing so. When compliance appeared to be lagging, school officials were often forced to exclude students with a "no shot, no school" policy.

Hickman and Hinman (1983) offer advice on giving student health a booster. They remind the reader that when it comes to childhood immunization there is a saying, "Vaccines don't work in the bottle, only in the body.". Despite a massive nationwide campaign in the 70's, as many as one in three children were not protected against one or more of the major childhood diseases: measles, mumps, rubella, polio, diptheria, tetanus, or pertussis. By 1982 this problem had decreased dramatically, but the need remains to continue the battle against vaccine-preventable diseases. Children of school age are the most easily tracked and observed on a daily basis. Constant care must be maintained to avoid the threat of potential epidemics in our schools and to work for the elimination of several childhood diseases.

Hass and Light (1982) point out steps that can be taken to detraumatize the inoculations and other medical experiences. Students should be encouraged to express their anxieties and uncertainties about an upcoming visit

to the doctor. These visits are normal parts of growing up and can be positive interesting adventures if children are prepared for them before hand.

The Chicago Tribune (1984) describes the efforts put forth in the Chicago Public Schools to comply with the Illinois state law requiring kindergarten, fifth, and ninth graders, as well as new students, to have physical examinations. All students are required to have up-to-date immunizations and verified health immunization records.

In response to the alarming incidence of vaccine-preventable childhood diseases in the late 60's and early 70's, a nationwide campaign to improve and maintain immunization levels for selective diseases was instituted in 1977 by the Department of Health, Education, and Welfare. Prior success of vaccines in reducing the low incidence of childhood illness fostered complacency and the importance of maintaining immunizations and surveillance was soon forgotten. Many parents of child-bearing age had never actually known anyone with diptheria, tetanus, or pertussis, nor could they relate to the polio panics of the 1950's or the fetus-crippling effects of rubella in the early 1960's. The dangers to unvaccinated children were mostly ignored. Moreover, there was a prevailing belief that vaccine-associated risks outweighed the probability of contracting the diseases naturally. Schools and state government agencies were also at fault for growing lax in enforcing the mandatory immunization laws in existence at the time.

By the early 1970's a dangerous drop in immunization levels had become a national concern. A reported 20 million (about 40%) of the 52 million children under age 15 were found to be unprotected against one or more of the targeted childhood diseases (American Academy of Pediatrics, 1977).

Paskert (1983) focuses on the response that was given to the high incidence of vaccine preventable diseases in the late 60's and the early 70's. A nationwide campaign was instituted in 1977 by the Department of Health, Education, and Welfare to improve and maintain immunization levels for selected diseases. As a result of efforts in federal, state, and local quarters, an overall immunization level of 90% has been reached among the school age population, ages 3 to 21, for diptheria, pertussis, tetanus, polio, measles, mumps, and rubella. After nearly six years of concerted activity, immunization levels have improved so that attention has shifted to the development and implementation of a system to permanently maintain these high levels.

Hickman and Hinman (1981) report that since 1977 progress towards achieving the goal of 90% has been impressive. In the school year of 1980-81 high immunization levels were reported. Among children , aged five, beginning school, immunization levels were at 96% for diptheria, tetanus, pertussis, measles, and rubella; and 95% for polio, 91% for mumps. Compulsary laws applicable to the remainder of school children have effectively raised immunization levels to an estimated 90% overall.

Pomeranz (1982) confirms the news that all childhood diseases for which vaccines are now routine are waning fast. The Center for Disease Control in Atlanta concludes that measles transmission has already been successfully eliminated from most of the country. Yet nowhere in the United States can vigilance against any of these diseases be reduced. Travel between the states and counties means that contagious disease can be easily imported. Increasing numbers of measles cases have been traced to immigrants or travelers returning from foreign trips. Even a relatively rare disease like polio (only six cases were reported nationwide in 1981), could again become epidemic if the effort to achieve universal vaccination slackens.

Dick (1978) traces the development of immunization for the control of infectious disease in the twentieth century. He addresses the need for a simple, concise method to record and maintain records of immunizations on a national and international level. While most school age children today have been inoculated against the major contagious diseases, there is still a need to reach preschool children who have the highest risk of contracting or spreading disease. While most babies receive the first two "doses" or baby shots, many are lost through movement or parent indifference and not brought up-to-date until entry into school. Dick feels it is important to reach this age group as well as all school age children.

Records have shown that due to massive campaigns against infectious diseases, the overall immunization rate for school children has increased dramatically. It is important that records of school children entering kindergarten be screened and evaluated in order to protect all young children. While most young children receive the recommended immunizations against diptheria, pertussis, tetanus, polio, measles, mumps, and rubella, a few have slipped through the nets. In order to protect them and others around them, a constant vigilance must be maintained. In the elementary school, an organized program of surveillance and parent education must be continued in order to maintain the high levels of medical compliance,

CHAPTER III

ANTICIPATED OUTCOME

Goal

The general goal of this practicum was to reduce the number of kindergarten students who were excluded from school due to failure to comply with the state mandated health requirements. It was hoped that this program would coordinate available facilities and assist parents in meeting the immunization and medical examination requirements by October 15, thereby raising the percent of medical compliance.

Terminal Performance Objectives

By October 15, it was expected that at least 90% of the kindergarten population would be brought into medical compliance by documenting the following data:

1. Current medical examination, no older than one year.
2. Provision of proof that the required immunizations had been given by bringing in authentic records of "baby shots"
3. Fulfillment of the requirements of the Illinois School Code, Section 27-8.1, which required that immunizations be up-to-date for the following diseases: diptheria, pertussis, tetanus, measles, rubella, and polio.
4. Mumps vacine was encouraged, but not required at the present time by the state of Illinois.

This increased medical compliance would lower the number of students who were excluded from school for failure to

meet state requirements. The rate of 90% compliance was selected as the target because that was the per cent of compliance required for local school systems to continue receiving state financial aid.

Evaluation Instruments

The success of this practicum was measured by a comparison of the per cent of exclusion notices (Appendix A) distributed on Oct. 15, 1983 with the per cent of exclusion notices which were given out to the kindergarten students on October 15, 1984. The goal of 90% compliance had been set in keeping with the goal of 90% compliance set by the state of Illinois.

In October, 1983, 60% (38 out of 63 kindergarten students) received exclusion notices. A list of pupils, by sex, was kept on file in the school office in preparation for the 1983-84 school report, which is filed every June.

A comparison was also made with the 1983 and 1984 figures of the number of students actually marked "X", (medical exclusion), in the attendance books for the kindergarten.

During the implementation period, a log was kept in order to document the measures taken to improve medical compliance and to plan for greater success in the future. An account of any School Case Report (Appendix B) by the Truant Officer was also included.

CHAPTER IV

SOLUTION STRATEGY

Possible Alternative Solutions

The strategy used and recommended most frequently by school systems to increase medical compliance was a strict "no shot, no school" policy. Entrance would be denied to entering students who did not present a current medical evaluation and provide evidence that their immunizations were complete and up-to-date (Paskert, 1983).

This plan had been utilized at the Esmond School for several years, but had been discontinued two years ago for the following reasons:

1. The student enrollment count during the fourth week of school was used to determine the number of teaching positions at the school. Classrooms were closed if the count was down and not re-opened, even if more students entered after the count.

2. Students who were excluded frequently came from out of the city and/or state. There often was a delay of two to four weeks while health records were requested (with parental consent), processed by the sending school, and then received by Esmond. This caused some students to enter school almost a month later than their classmates and put the new students at a disadvantage, scholastically and socially.

3. Even after health records were received from another school, they needed to be evaluated by the Teacher-Nurse to be sure they were in compliance with the Illinois health regulations.

Since the Teacher-Nurse serviced five schools and a student population of over 2,500, she was not always available to check health records of entering students immediately.

Since some of the kindergarten students had attended Headstart, it was assumed they were all in medical compliance with the health requirements. This was not necessarily true. While they were all up-to-date in Headstart, several were in need of their "booster" polio or DPT immunizations. Also, since the Headstart class was not regulated with the strict attendance boundaries, several of the twenty 4-year-olds in the Headstart lived in other school districts and attended other elementary schools for kindergarten.

With much time and effort, the Teacher-Nurse had brought the current (83-84) student population up to 97% compliance. There, hopefully, would have been a carry-over for the following school year. While benefiting from the fruits of her efforts in helping the student population meet the health guidelines, it could not automatically be assumed the 84-85 school population would have the same high compliance rate. There was a great deal of student mobility at Esmond. In the 82-83 school year, there were over 233 entering students and over 208 transferring out. During the 83-84 school year, even more students had transferred to and from Esmond School. In fact, there were more in and out students in the kindergarten between September, 1983 and April, 1984, than all of the 82-83 school year. This student mobility required a constant monitoring to keep health

records in compliance.

Information might be disseminated to the community concerning Board of Health programs which were either free or charged on a sliding scale. The greatest problem with the Board of Health facilities was their distance from the Esmond School area. The school boundary extended to the city limits on the south, and most of Board of Health programs were located more towards the central part of the city. Public transportation would necessitate two or three bus transfers in order to reach Board of Health offices. A parent with several little children would have difficulty reaching them. Also, there was usually at least a two month wait for a physical examination appointment.

Private doctors and clinics were available in the neighboring area. These could be utilized by the parents for the medical examinations and immunizations, but they were quite costly. Many families, new to the Chicago area, had not been here long enough to qualify for A.F.D.C. or to get "green cards" for the children. Private medical facilities required payment at the time of treatment or did not release the medical records.

There was one more facility available to the parents. The Board of Education Educational Diagnostic Center not only provided free immunizations and medical examinations, but also provided door-to-door transportation for parent and child. The only drawback was their limited capacity. If an

appointment was not requested until September, there usually was a lengthy wait.

Solution Selected

Because of the unique situation at Esmond School, including student mobility, location, and socio-economic status, a combination of efforts was utilized to bring the kindergarten students into medical compliance by October 15.

Students were notrefused admission to kindergarten because their medical records were not complete, but, at the time of registration, these records were examined. Information was given to the parents on the availibility and costs of various facilities, such as the Board of Health, local doctors and clinics, and the Educational Diagnostic Center. A Board of Health immunization program was requested for the last week of September at Esmond School, and parents were to be asked to sign consent forms for needed immunizations at the time of registration.

It was felt that this approach would be successful due to the increased parental awareness and the availability of medical examinations and immunizations at a convenient place, with little or no cost to the parents. Consequently, at least 90% of the kindergarten students would be brought into medical compliance by October 15.

Report of Action Taken

At the June P.T.A. meeting information was given to the parents on the need to have current medical evaluations and up-to-date immunizations for entering students. A sheet

describing information on the Board of Health facilities and our Educational Diagnostic Center (Appendix C) was distributed to the P.T.A. members. They were asked to pass the information on to any new members of the community and to the parents of incoming students. The parents showed great interest in the convenient and free facilities and seemed very cooperative.

In order to plan for the Board of Health Immunization program at Esmond School in September, a call was placed in June to the Director of Nurses to request a scheduled date. It had been hoped that, with advance planning, consent forms for students needing immunizations could be signed at the time of registration by the parents. While assurance was given that the school could have the requested program, appointment dates could not be given (or requested formally) until the start of school in September. This made it impossible to have the parents sign the required consent forms at the time of registration as there was no definite verification that the program would actually be at Esmond and the school had not received the consent forms.

On Records Day in June the health folders of Headstart students (fall kindergarteners) were received. Medical information was mailed to parents of three students who would be out of compliance in September, detailing what immunizations would be needed.

A conference was held with the P.T.A. President in July, to discuss the immunization program. Information on the nearby medical facilities was posted in the school office. Since there

was a summer session at Esmond, all the classrooms were visited and the assistance of the students was enlisted to try to reach the parents of all new kindergarten students. Flyers (Appendix C) were given to them to take home.

At the beginning of August, signs were ported prominently throughout the community--at the train stations on 111th and 115th Streets, at the local grocery stores, and at Walker Branch Library. Information was included on:

1.) school health requirements of a current physical examination and up-to-date immunizations
2.) the Educational Diagnostic Center, where medicals and immunizations were available free, and transportation was included, if requested
3.) Board of Health locations, with a listing of hours and phone numbers.

The first week of September a call was placed to the Director of Nurses to request the immunization program. The date could not be verified until the following week.

At student registration the first week of school, students were accepted, even if they were not in medical compliance. Parents were given a packet of school forms which included a form for the physical examination (Appendix D) and information on the various medical facilities. Parents were advised that students would be excluded from school on Oct. 15 if medical records were not complete. They were encouraged to fulfill the requirements as soon as possible.

On September 19, information was received by the school

that free medical examinations and immunizations would be given at a nearby church on the following Saturday, September 22. A letter (Appendix E) was sent home combined with a medical form (Appendix D) and an exclusion notice (Appendix F) to be effective on October 15, 1984. These were distributed to all kindergarten students needing medicals and/or immunizations. This information, concerning the free medical program for the following Saturday, was announced to the parents at the P.T.A. meeting on September 19. The parents were asked to share the information with their friends and neighbors.

Later in the day on September 19, the Director of Nurses verified the date for the immunization program at the school. The consent forms (Appendices G,H,I) were not received at school until Thursday, September 20, which gave only one day to distribute the forms and receive them back from the students. Letters (Appendix J)were sent home with the forms.

On September 20, Thursday, a meeting was held for the kindergarten parents. During this meeting the Teacher-Nurse discussed the importance of having all children in medical compliance. She stated that not only does the law require immunizations for the children, but it protects them by demanding all students fulfill the requirements. She stressed the importance of regular medical examinations, stating that often serious medical problems are overlooked until discovered during a physical examination. The free medical examination program and the immunizations were explained to all parents at this meeting.

Due to the short time for notification of the immunization program, parents who had not returned the consent forms for their children were contacted by phone the day of the program and asked to come to school to sign consent forms. Parents of absent students needing immunizations were phoned on the immunization day and asked to bring the students to school, if possible. One fact not known before the program by the school staff--the overworked nurse was required to administer all the immunizations given as "shots". The Board of Health personnel could merely administer the oral polio or the immunizations given with the "gun".

Medical records were continually updated as doctors' statements came in. Students were reminded once a week that, on October 15, they would be excluded from school unless their physical examinations and immunizations were brought up-to-date.

On Thursday, October 11, students still out of medical compliance were given Notices of Exclusion from School (Appendix A), effective October 15, 1984. The Teacher-Nurse called parents personally to explain what was needed when the history of their "baby shots" was missing. She encouraged them to bring their children's records into compliance immediately.

On October 15, 1984, students were not admitted to class unless medical records were in order. Students were marked "X" in the attendance books to indicate medical exclusions.

On October 17, the names of all excluded students were given to the Truant Officer. He visited the homes and stressed the importance of regular school attendance. A School Case Report (Appendix B) was filled out for non-attending students who were excluded for medical reasons. Parents were warned that during a child's exclusion from school for non-compliance they, the parents, would be considered in violation of Chapter 122-Article 26-Sections 1-12 of the Illinois School Code.

CHAPTER V

RESULTS, CONCLUSIONS, RECOMMENDATIONS

Results

As previously stated in Chapter III, this practicum was designed to reduce the number of kindergarten children who were excluded from school due to failure to comply with the state mandated health requirements. It was hoped that this program would coordinate available facilities and assist parents in meeting the medical examination and immunization requirements required by October 15.

Because of the unique situation at Esmond School, including student mobility, location, and socio-economic status, a combination of efforts was utilized to bring kindergarten students into medical compliance by October 15.

While the goal of 90% medical compliance was not achieved on October 15, considerable gains were made towards it. On September 20, only 30% of the kindergarten, 24 out of 82 students, had medical records up-to-date. On October 11, the rate of medical compliance had risen to 52%. On October 15 the compliance rate was 71%, 29% of the students were still out of medical compliance. Table 1 shows a comparison of this year's exclusion figures compared with the exclusion figures of 1983.

The students did not stay out of school long. Only 17% actually missed a full day of school, with many parents getting the required physical examination, immunizations,

and/or immunization records the morning of October 15. By the end of the day on October 15, the rate of medical compliance had risen to 83%.

The school staff was faced with an even larger task than in 1983. The kindergarten population numbered 82 compared with 63 last year. Many students were new in the school area. The medical records were evaluated as quickly as possible after student registration. A summary of student needs is shown in Table 2.

When parents received their warning exclusion notices on September 20, they also received a letter detailing the free medical program nearby. Only one of the thirty-eight students needing a physical examination used the free facilities at the neighboring church, a very poor response. When the immunization program was held at Esmond, twelve kindergarten students were brought into medical compliance. Twenty-eight parents did not even return the forms or make an effort to come to school when called on the immunization day.

On October 11, thirty-nine of the eighty-two kindergarten students received exclusion notices. Additional phone contact was made with the parents stressing the importance of getting the records completed promptly.

Despite all these efforts, it seems that many of the parents did nothing until faced with the actual exclusion of their children from school. The lack of response to the many programs indicated wide-spread parental indifference.

As many studies (Dick, 1978, Hickman & Hinman, 1983)

TABLE 1

Comparison of 1984 and 1983 Medical Exclusion figures

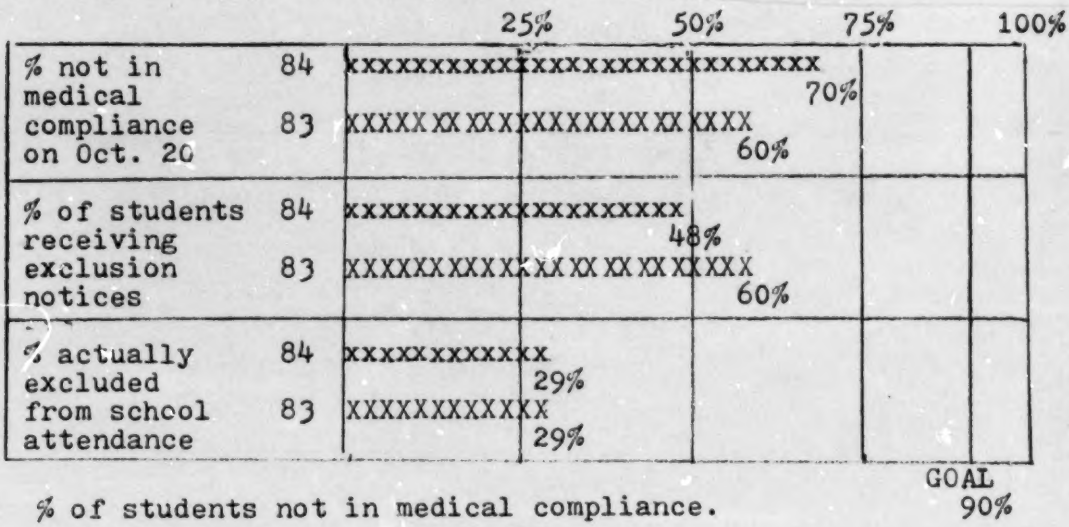

TABLE 2

Summary of Student Health Needs on September 20, 1984

Students needing physical examinations.....	5
Students needing immunizations.....	7
Students needing physical examinations and immunizations.....	33
Students needing verification of "baby shots"..	13
Total Number of Students	58
Total number of students needing physical examinations.....	38
Total number of students needing immunizations.	40

indicate, preschool children often "fall through the cracks". Many children receive no immunizations between the ages of one and five, often due to mobility or parental indifference. This age group has the highest risk of contracting or spreading disease. While not improving the health of preschoolers, the kindergarten medical program at least reaches the unprotected children upon entering school and brings protection to them.

Conclusions

In all parts of the United States a massive campaign has been waged in newspapers (Johnson, 1984, Meisol, 1984, Kalular, 1984) to educate the parents on the importance of immunizations for their children. Neighborhood papers (Beverly Review, 1984) also encourage parents not to wait until October 15 to get their children's medical records in order.

Although systematic efforts were made to inform the parents of their children's health needs, many parents did not respond. Letters were sent with information on free or inexpensive, convenient facilities, but while this improved, it did not solve the problem--parental indifference.

Grever (1977) stressed the importance of parental involvement. She stated that parents need to be educated as to the reasons for the medical examinations and immunizations. She felt that no matter what facilities would be available for children, that if parents did not take the responsibility for them, the program would ultimately be a failure.

At Esmond the staff tried to make things as easy as possible for the parents. Information was distributed for three months before the October exclusion date. Parent groups shared the information on the reason and value of medical examinations. Free convenient facilities were located, but few parents took advantage of them. An immunization program was set up at the school, but many did not bother to sign the consent forms for their children.

Most parents did not move into action until the students were actually excluded from school. Twenty-four were actually excluded from class, and within three days, only four children were still out of attendance.

Summary

Medical exclusions of the kindergarten students at Esmond School were reduced through a multi-faceted approach. Convenient free or inexpensive facilities were located for medical examinations and/or immunizations. Parant groups and students were enlisted to spread information on the requirements of physical examinations and immunizations. They also dispersed information on the health facilities. Parents were apprised of their children's medical needs at the time of registration, on September 20, and again on October 11.

While many parents brought their children into medical compliance, some did not take action until the children were actually excluded from school. This lack of parental involvement and interest is a handicap to the school, not only in medical matters, but in the academic area as well. If parents

refuse to take the responsibility for their children's health needs, they often neglect other school factors as well.

Recommendations

Parent education regarding the health needs of their children should continue to be of the utmost importance. Groups, such as the P.T.A., should constantly remind the parents of all the health needs of their children and continue to suggest how they can fill them.

In the future a group of kindergarten mothers might be organized to make more personal contact with the rest of the parents--goal: to improve the health needs of their children.

Education should begin early to stress the importance of medical examinations and immunizations. Students in school should be taught the importance of maintaining complete health records. Since many of the girls become mothers in their early teens, it is important to educate them concerning health needs while they are still in school.

Dissemination

Practicum topic and results were discussed at the Esmond Headstart meeting on October 17, 1984. The importance of maintaining up-to-date records on all health information was stressed. Information on the various nearby health facilities was also shared with the parents.

Results of this practicum were also discussed at the October P.T.A. meeting. The parents present at the meeting were dismayed at the lack of cooperation of some parents,

but had no recommendations to improve matters. The P.T.A. itself suffers from lack of parental participation.

Copies of Health Requirements of Children Entering the Chicago Public Schools (1983) were available for parents at the November 17, 1984 Outreach Workshop on Effective Parenting, sponsored by Cluster 14 of Nova University, Ed.D. Program for Early Childhood.

The writer, as school counselor, will continue to act as an advocate for good health by constantly advising parents of the state medical requirements for children. A listing will be kept available for parents detailing nearby medical facilities.

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EXCLUSION 80

CHICAGO PUBLIC SCHOOLS

NOTICE OF EXCLUSION FROM SCHOOL

School _____ Date _____

To the Parent/Guardian of:

_____ Residing at _____

This is to notify you that the above named pupil at this school has been excluded from attendance by statutory directive as of this date. The reason for this exclusion is non-compliance with the immunization and/or physical examination regulations of the Illinois Department of Public Health, pursuant to Ill. Rev. Stat., ch. 122, par. 27-8.1.

You were notified by letter that this action would take place unless your child was in compliance with these regulations. You are invited to discuss this exclusion with me at a mutually convenient time.

You child can return to school as soon as you present proof of compliance.

The district superintendent has been notified of this exclusion.

Sincerely,

EARL F. FORNACIARI
Principal
ESMOND SCHOOL
1865 N. Monitvale Ave.
Chicago, Ill. 60643

Original to parent; copies to district office, pupil's folder, school file.

BEST COPY

March 27, 1984 (Enclosure #4) No.
Sch. Attend. 27

Chicago Public Schools
Bureau of School Attendance

FILMED FROM
BEST COPY AVAILABLE

SCHOOL CASE REPORT

Prepare four copies of this report and the Case History Report by Truant Officer. Send three copies to the District Superintendent. The District Superintendent will retain one copy and forward two copies to the Bureau of School Attendance. Retain the fourth copy for school file.

PRINCIPAL'S REQUEST FOR MUNICIPAL COURT - MEDICAL NON-COMPLIANCE

Date_____

I hereby request that the Bureau of School Attendance institute Municipal Court proceedings against the parent/guardian of the following child:

Name of Child_____ _____ _____
Last First M.I. Student's I.D. Number

Address_____ Phone_____ Grade_____ Sex_____

Birth Date_____ Years_____ Months_____

Name of Father_____ Name of Mother_____

This is to notify you that the above named pupil at this school has been excluded from attendance by statutory directive as of this date. The reason for this exclusion of non-compliance with the immunization and/or physical examination regulations of the Illinois Department of Public Health, pursuant to Ill. Re. Stat., ch. 122. par. 27-8.1.

The Act further provides that any student who is not in compliance with medical and immunization requirements must be excluded on October 15, of the current school year.

Have the parents been notified that all students in non-compliance must be given the Notice of Exclusion from School (Exclusion 80), effective October 15, of the current school year? _____

Have the parents been notified that during a child's exclusion from school for non-compliance they will be considered in violation of Chapter 122 - Article 26 Sections 1 - 12? _____

Date parents notified of exclusion. _____

School_____ Principal_____
Signature

Mail Rcn_____ Date Forwarded_____

District Number_____ District Superintendent_____
Signature

Date Forwarded_____

FREE PHYSICALS + SHOTS

CHICAGO BOARD OF HEALTH

In conjunction with Physicians from our area are offering

FREE PHYSICAL EXAMINATIONS

and

IMMUNIZATIONS

on Sat., September 22, 1984 From 11:00 A.M. to 3:00 P.M.

TRINITY UNITED CHURCH

532 W. 95th Street 723-9400

(95th & Parnell) 488-8600

H. Serv. 101 – (Rev. 9-81)
Com. No. 291
102

CERTIFICATE OF CHILD HEALTH EXAMINATION

(Information on this form may be shared with appropriate personnel for health and educational purposes)

CHICAGO PUBLIC SCHOOLS
Bureau of Medical and
School Health Services

PUPIL'S NAME (Please Print or Type) _____ I.D. NO. _____ BIRTHDATE _____ SEX ☐ M ☐ F
LAST FIRST MIDDLE MO. DAY YR.

ADDRESS _____ SCHOOL _____ GRADE LEVEL _____
STREET - CITY - ZIP CODE

PARENT OR GUARDIAN _____ PHONE NO. _____ / _____ ADDRESS _____
HOME WORK

MEDICAL HISTORY

(To be Completed by Parent)

CHICKEN POX . . . . . YEAR: _____
SCARLET FEVER/STREP . . . . . YEAR: _____
T.B./T.B. CONTACT . . . . . YEAR: _____
CONGENITAL DEFECTS. . . . . _____
DIABETES . . . . . _____
EPILEPSY . . . . . _____
HEART DISEASES . . . . . _____
FREQUENT EAR INFECTION . . . . _____
INJURIES/ACCIDENTS . . . . . YEAR: _____
RESULTS _____
PERMANENT DISABILITY . . . . . YEAR: _____
TYPE _____
RESULTS _____
SURGERY (OPERATIONS) . . . . . YEAR: _____
TYPE _____
RESULTS _____
ALLERGIES (LIST) _____
ROUTINE MEDICATIONS (LIST) _____
OTHER _____

PARENT'S SIGNATURE DATE

IMMUNIZATION

Please provide the month, day and year for every dose administered. The day and month is required if you cannot determine if the vaccine was given prior to the minimum interval or age.

Dose	1 Mo.	1 Day	1 Yr.	2 Mo.	2 Day	2 Yr.	3 Mo.	3 Day	3 Yr.	4 Mo.	4 Day	4 Yr.	5 Mo.	5 Day	5 Yr.
DIPHTHERIA, PERTUSSIS AND TETANUS (DPT)															
DIPHTHERIA AND TETANUS (TH) OR (TD)															
ORAL POLIO															
COMBINED MEASLES/MUMPS/ RUBELLA (MMR)															
COMBINED MEASLES AND RUBELLA (MR)															
RUBEOLA (RED MEASLES) LIVE VIRUS VACCINE															
RUBELLA (3 DAY OR GERMAN MEASLES)															
MUMPS															
*TB SKIN TEST				RESULTS											

*Mandated for Child Care Facilities.

HEALTH PROVIDER SIGNATURE (PHYSICIAN, SCHOOL HEALTH PROFESSIONAL OR HEALTH OFFICIAL) (VERIFYING THAT IMMUNIZATIONS WERE GIVEN)

SIGNATURE DATE

SIGNATURE DATE

SIGNATURE DATE

1. CLINICAL DIAGNOSIS IS ACCEPTABLE IF VERIFIED BY PHYSICIAN.

MEASLES _____
MONTH DAY YEAR

MUMPS _____
MONTH DAY YEAR

2. LABORATORY CONFIRMATION OF ANY DISEASE IS ACCEPTABLE.

DISEASE _____

_____
MONTH DAY YEAR

_____
LAB RESULT

PHYSICIAN'S SIGNATURE DATE

PHYSICAL EXAMINATION

(To be Completed by Physician)

EVALUATION: **(REQUIRED)**

	Normal	Abnormal	Follow-Up — Comment
HEIGHT _____ WEIGHT _____			
SKIN			
EYES			
EARS			
NOSE			
THROAT			
THROAT/DENTAL			
CARDIOVASCULAR B/P _____			
RESPIRATORY			
GASTROINTESTINAL			
GENITO-URINARY			
NEUROLOGICAL			
MUSCULAR SKELETAL			
SCOLIOSIS SCREENING			
NUTRITIONAL STATUS			

OTHER _____

(STRONGLY RECOMMENDED)

	Date	Normal	Abnormal Results
HEMOGLOBIN			
HEMATOCRIT			
URINALYSIS			
LEAD SCREENING			
SICKLE CELL			

MEDICATIONS _____
DIET RESTRICTION/NEEDS _____
SPECIAL EQUIPMENT NEEDED _____
ALLERGIES _____
OTHER _____
GENERAL COMMENTS _____

ON THE BASIS OF THIS EXAMINATION ON THIS DAY I APPROVE THIS CHILD'S PARTICIPATION IN:
IF NO, PLEASE ATTACH EXPLANATION.

INTERSCHOLASTIC SPORTS (FOR 1 YEAR) ☐ YES ☐ NO
PHYSICAL EDUCATION ☐ YES ☐ NO

PHYSICIAN'S SIGNATURE _____ DATE _____

ADDRESS _____ TELEPHONE _____

PRE-SCHOOL — DURING FIRST YEAR OF ENROLLMENT **SCHOOL AGE — DURING SCHOOL YEAR AT REQUIRED GRADE LEVEL**

DATE																						
GRADE																						
	R	L	R	L	R	L	R	L	R	L	R	L	R	L	R	L	R	L	R	L	R	L
VISION																						
HEARING																						

CODE
P — Pass
F — Fail
R — Referred

LETTER: MEDICAL EXAMINATIONS

FREE

Medical examinations available at

Educational Diagnostic Center South
6434 S. University Ave.
643-0880 Medical Dept

Call to make appointment. Also - request transportation at time you make appointment. A mini-bus will pick you up at home and return you afterwards.

INOCULATIONS: May be given by your private doctor or at a Board of Health Clinic.

1150 W. 78th St.	483-9100	Mon.- Fri.,	8:30 A.M. - 4:00 P.M.
1518 W. 102nd St.	238-3719	1st & 3rd Fri.	8:30 A.M. - Noon
11104 Sacremento	238-5656	2nd & 4th Wed.	8:30 A.M. - Noon

MEDICALS: May be given by your private doctor or through the Chicago Board of Health - Call 744-8500, 8:30 - 4:30 Weekdays, for information.

BEST COPY

APPENDIX F

NOTICE TO PARENT OF HEALTH SERVICES NEEDED

CHICAGO BOARD OF EDUCATION
BUREAU OF MEDICAL AND SCHOOL HEALTH SERVICES
NOTICE TO PARENT OF HEALTH SERVICES NEEDED

DISTRICT:_____ STUDENT NAME:_____

UNIT:_____ STUDENT ID:_____

ROOM:_____ BIRTH DATE:_____

DEAR PARENT:

OUR RECORDS SHOW THAT YOUR CHILD IS DUE FOR MEDICAL SERVICES IMMEDIATELY. IN ORDER FOR YOUR CHILD TO REMAIN IN SCHOOL AND IN COMPLIANCE WITH ILLINOIS STATE LAW CHAPTER 122, SECTION 27-8, HE/SHE MUST RECEIVE:
(DATE SERVICE DUE IS PRINTED ON THE RIGHT)

PHYSICAL EXAM:_____

THE NEXT DOSE OF VACCINE INDICATED BELOW IS REQUIRED:

DTP/TD VACCINE _____

POLIO VACCINE:_____

RUBELLA VACCINE:_____

MEASLES VACCINE:_____

RECEIVING THE PHYSICAL EXAMINATION AND/OR THE NEXT DOSE OF VACCINE WILL INSURE YOUR CHILD IS IN COMPLIANCE WITH THE STATE LAW. YOUR FAMILY PHYSICIAN, LOCAL CLINIC OR HEALTH DEPARTMENT CLINIC MAY PERFORM THESE SERVICES.

WE APPRECIATE YOUR COOPERATION WITH OUR SCHOOL HEALTH PROGRAM.

_____ _____
SCHOOL NURSE PRINCIPAL

PLEASE NOTE: FAILURE TO OBTAIN THE REQUIRED EXAMINATION OR INOCULATIONS BY _____ (DATE) WILL RESULT IN EXCLUSION FROM SCHOOL

BEST COPY

APPENDIX G CONSENT FORM FOR DTP VACCINE

IMPORTANT INFORMATION ABOUT DIPHTHERIA, TETANUS, AND PERTUSSIS AND DTP, DT AND Td VACCINES

Please read this carefully

DTP 12/1/77

WHAT IS DIPHTHERIA? Diphtheria is a very serious disease which can affect people in different ways. It can cause an infection in the nose and throat which can interfere with breathing. It can also cause an infection of the skin. Sometimes it causes heart failure and paralysis. About 1 person out of every 10 who get diphtheria dies of it.

WHAT IS TETANUS? Tetanus, or lockjaw, results when wounds are infected with tetanus bacteria, which often live in dirt. The bacteria in the wound make a poison which causes the muscles of the body to go into spasm. Six out of every 10 persons who get tetanus die of it.

WHAT IS PERTUSSIS? Pertussis, or whooping cough, causes severe spells of coughing which can interfere with breathing. It also often causes pneumonia. Convulsions, brain damage, and death may occur, most often in very young infants.

Before vaccines were developed, these 3 diseases were all very common and caused a large number of deaths each year in the United States. Even now, hundreds of cases occur each year. If children stop getting vaccinated, the number of cases will go up again.

DTP, DT and Td VACCINES: Immunization with DTP vaccine is one of the best ways to prevent these diseases. DTP vaccine is actually 3 vaccines combined into 1 to make it easier to get protection. The vaccine is given by injection starting early in infancy. Several doses are needed to get good protection. Young children should get 3 doses in the first year of life and a fourth dose at about 18 months of age. A booster dose is important for children at or after age 4.

The vaccine is very effective at preventing tetanus – over 95% of those who get the vaccine are protected if the recommended number of shots is given. Although the diphtheria and pertussis parts of the vaccine are not quite as effective, they still prevent most children from getting the disease and they make the disease milder for those who do get it. Because pertussis is not very common in older children and because reactions to the pertussis part of the vaccine may be more common in older children, those 7 years of age and older should take a form of the vaccine that does not contain the pertussis part. This is called DT vaccine (for children) or Td vaccine (for adults). Boosters with the Td vaccine should be gotten every 10 years throughout life.

POSSIBLE SIDE EFFECTS FROM THE VACCINES: Most children will have a slight fever and be irritable sometime in the day or 2 after taking the shot. Sometimes children develop some soreness and swelling in the area where the shot was given. About 1 out of every 7,000 children who get the shots will have a more serious side effect such as: high fever, convulsions, abnormal crying for several hours, or going into shock and getting pale. Rarely, about once in every 100,000 shots, inflammation of the brain (encephalitis) or brain damage may occur. Death may occur, even more rarely.

WARNING – SOME PERSONS SHOULD *NOT* TAKE THESE VACCINES WITHOUT CHECKING WITH A DOCTOR:

- Those who are sick right now with something more serious than a cold.
- Those who have had convulsions or other problems of the nervous system.
- Those who have had serious reactions to DTP shots before.

QUESTIONS: If you have any questions about diphtheria, tetanus, or pertussis or DTP vaccination, please ask us now or call your doctor or health department before you sign this form. 842-7910

REACTIONS: If the person who received the vaccine gets sick and visits a doctor, hospital or clinic in the 4 weeks after vaccination, please report it to: 842-7910

After 4:30 pm telephone 744-4340.

BEST COPY

PLEASE KEEP THIS PART OF THE INFORMATION SHEET FOR YOUR RECORDS

I have read the information on this form about diphtheria, tetanus, and pertussis and DTP, DT and Td vaccines. I have had a chance to ask questions which were answered to my satisfaction. I believe I understand the benefits and risks of DTP, DT, and Td vaccines and request that the vaccine checked below be given to me or to the person named below for whom I am authorized to make this request.

DTP 12/1/77

VACCINE TO BE GIVEN: DTP___ DT___ Td___

INFORMATION ON PERSON TO RECEIVE VACCINE

Name (Please Print) | Birthdate | Age

Address | County

State, ZIP

X 48

Signature of person to receive vaccine or person authorized to make the request | Date

FOR CLINIC USE

Clinic Ident.

Date Vaccinated

Manufacturer and Lot No.

Site of injection

APPENDIX H CONSENT FORM FOR POLIO VACCINE

IMPORTANT INFORMATION ABOUT POLIO AND POLIO VACCINE

Please read this carefully

OP 12/1/77

WHAT IS POLIO? Polio is a virus disease that often causes permanent crippling (paralysis). One person out of every 10 who get polio disease dies from it. There used to be thousands of cases and hundreds of deaths from polio every year in the United States. Since polio vaccine became available in the mid-1950's, polio has nearly been eliminated. In the last five years, fewer than 25 cases have been reported each year. It's hard to say exactly what the risk is of getting polio at the present. Even for someone who is not vaccinated, the risk is very low. However, if we do not keep our children protected by vaccination the risk of polio will go back up again.

ORAL LIVE POLIO VACCINE: Immunization with oral live polio vaccine is one of the best ways to prevent polio. It is given by mouth starting in early infancy. Several doses are needed to provide good protection. Young children should get two or three doses in the first year of life and another dose at about 18 months of age. A booster dose is important for children when they enter school or when there is a high risk of polio, for example, during an epidemic or when traveling to a place where polio is common. The vaccine is easy to take, effective in preventing the spread of polio, and, in over 90% of people, gives protection for a long time, probably for life.

POSSIBLE SIDE EFFECTS FROM THE VACCINE: Oral live polio vaccine rarely produces side effects. However, once in about every 4 million vaccinations, persons who have been vaccinated or who come in close contact with those who have recently been vaccinated are permanently crippled and may die. Even though these risks are very low, they should be recognized. The risk of side effects from the vaccine must be balanced against the risk of the disease, both now and in the future.

PREGNANCY: Polio vaccine experts do not think oral polio vaccine can cause special problems for pregnant women or their unborn babies. However, doctors usually avoid giving any drugs or vaccines to pregnant women unless there is a specific need. Pregnant women should check with a doctor before taking oral polio vaccine.

WARNING – SOME PERSONS SHOULD *NOT* TAKE ORAL POLIO VACCINE WITHOUT CHECKING WITH A DOCTOR:

- Those with cancer or leukemia or lymphoma.
- Those with diseases that lower the body's resistance to infection.
- Those taking drugs that lower the body's resistance to infection, such as cortisone
- Those who live in the same household with any of the above persons.
- Those who are sick right now with something more serious than a cold.
- Because adults have a slightly bigger risk of developing paralysis from the oral vaccine than children, persons over 18 should not take oral polio vaccine before checking with a doctor.

NOTE ON INJECTABLE (KILLED) POLIO VACCINE: Besides the oral polio vaccine, there is also a killed polio vaccine given by injection which protects against polio after several shots. It has no known risk of causing paralysis. Most polio experts do not feel it is as effective as the oral vaccine for controlling polio in the United States. It is recommended for persons needing polio vaccination who have low resistance to infections (or those who live with them) and for unprotected adults traveling to a place where polio is common. It is not widely used in this country at the present time, but it is available. If you would like to know more about this type of polio vaccine, please ask us.

QUESTIONS: If you have any questions about polio or polio vaccination, please ask us now or call your doctor or health department before you sign this form.

Tel.: 842-7910

REACTIONS: If the person who received the vaccine gets sick and visits a doctor, hospital, or clinic in the 4 weeks after vaccination, please report it to:

Tel.: 842-7910

After 4:30 pm telephone 744-4340.

BEST COPY

PLEASE KEEP THIS PART OF THE INFORMATION SHEET FOR YOUR RECORDS

I have read the information on this form about polio and the oral vaccine. I have had a chance to ask questions which were answered to my satisfaction. I believe I understand the benefits and risks of oral polio vaccine and request that it be given to me or to the person named below for whom I am authorized to make this request.

OP 12/1/77

INFORMATION ON PERSON TO RECEIVE VACCINE		
Name (Please Print)	Birthdate	Age
Address	County	
State, ZIP		
X		
Signature of person to receive vaccine or person authorized to make the request		Date

FOR CLINIC USE
Clinic Ident.
Date Vaccinated
Manufacturer and Lot No.
Site of injection

CONSENT FORM FOR MEASLES, MUMPS, RUBELLA VACCINES

APPENDIX I

IMPORTANT INFORMATION ABOUT MEASLES, MUMPS, AND RUBELLA AND MEASLES, MUMPS, AND RUBELLA VACCINES

Please read this carefully

MMR 12/1/77

WHAT IS MEASLES? Measles is the most serious of the common childhood diseases. Usually it causes a rash, high fever, cough, runny nose, and watery eyes lasting 1 to 2 weeks. Sometimes it is more serious. It causes an ear infection or pneumonia in nearly 1 out of 10 children who get it. One child out of every 1,000 who get measles has an inflammation of the brain (encephalitis). This can lead to convulsions, deafness, or mental retardation. One child in every 10,000 who get measles dies from it. Measles can also cause a pregnant woman to have miscarriage or possibly a deformed baby.

Before measles vaccine shots were available there were hundreds of thousands of cases each year. Nearly all children got measles by the time they were 15. Now, because of the wide use of measles vaccine, a child's risk of getting measles is much lower. However, if children stop getting vaccinated, the risk of getting measles will go right back up again.

WHAT IS MUMPS? Mumps is a common disease of children. Usually it causes fever, headache, and inflammation of the salivary glands, which causes the cheeks to swell. Sometimes it is more serious. It causes a mild type of meningitis in about 1 child in every 20 who get it. More rarely, it can cause inflammation of the brain (encephalitis) which usually goes away without leaving permanent damage. Mumps can also cause deafness. About 1 out of every 4 adult men who get mumps develops painful inflammation and swelling of the testicles. This usually goes away and rarely makes them sterile.

Before mumps vaccine shots were available, there were more than 100,000 cases each year. Now, because of the increasing use of mumps vaccine, the risk of getting mumps is much lower. However, if children stop getting vaccinated, the risk of getting mumps will go right back up again.

WHAT IS RUBELLA? Rubella is also called German measles. It is a common disease of children and may also affect adults. Usually it is very mild and causes a slight fever, rash, and swelling of glands in the neck. The sickness lasts about 3 days. Sometimes, especially in adult women, there may be swelling and aching of the joints for a week or two. Very rarely, rubella can cause inflammation of the brain (encephalitis) or cause abnormal bleeding.

If a pregnant woman gets rubella, there's a good chance that she may have a miscarriage or that the child will be born crippled, blind, or with other defects. The last big rubella epidemic in the United States was in 1964. After it was over, about 25,000 children were born with serious problems such as deformities, heart problems, deafness, blindness, or mental retardation because their mothers had rubella during the pregnancy.

Before rubella vaccine shots were available, rubella was so common that most children got it by the time they were 15. Now, because of the wide use of rubella vaccine, the risk of getting rubella is much lower. However, if children stop getting vaccinated, the risk of getting rubella or having a defective baby because of rubella infection during pregnancy will go right back up again.

MEASLES, MUMPS, AND RUBELLA VACCINES: Immunization is one of the best ways to prevent these diseases. The vaccines are given by injection and are very effective. In about 90% of people, one shot will give protection, probably for life. Since protection may not be quite as good if the vaccines are given very early in life, these vaccines should be given to children after their first birthday; measles vaccine should be given at 15 months of age or older. Measles, mumps, and rubella vaccines can be given as individual injections or in a combined form by a single injection. If they are given in combined form, they should be given at 15 months of age or older.

POSSIBLE SIDE EFFECTS FROM THE VACCINES: About 1 out of every 5 children will get a rash or slight fever 1 or 2 weeks after getting measles vaccine. Occasionally there is mild swelling of the salivary glands after mumps vaccination. Although experts are not sure, it seems that about 1 out of a million children who get measles or mumps vaccines may have a more serious reaction, such as inflammation of the brain (encephalitis).

About 1 out of every 7 children who get rubella vaccine will get a rash or some swelling of the glands of the neck 1 or 2 weeks after the shot. About 1 out of every 20 children who get rubella vaccine will have some aching or swelling of the joints. This may happen anywhere from 2 to 10 weeks after the shot. It usually lasts only 2 or 3 days. Adults are more likely to have these problems with their joints—as many as 1 in 4 may have them.

WARNING – SOME PERSONS SHOULD *NOT* TAKE THESE VACCINES WITHOUT CHECKING WITH A DOCTOR:

- Those who are sick right now with something more serious than a cold.
- Those with allergies to rabbits, ducks, eggs or an antibiotic called neomycin.
- Those with cancer or leukemia or lymphoma.
- Those with diseases that lower the body's resistance to infection.
- Those taking drugs that lower the body's resistance to infection, such as cortisone.

PREGNANCY: Vaccine experts do not know if measles or mumps vaccines can cause special problems for pregnant women or their unborn babies. However, doctors usually avoid giving any drugs or vaccines to pregnant women unless there is a specific need. To be safe, pregnant women should not routinely get measles or mumps vaccine. A woman who gets measles or mumps vaccines should wait 3 months before getting pregnant.

Because rubella disease can cause severe problems for pregnant women or their unborn babies, it is possible that rubella vaccine might also cause these problems. Pregnant women should not get rubella shots. A woman who gets a rubella shot should wait 3 months before getting pregnant.

Vaccinating a child whose mother is pregnant is not dangerous to the pregnancy.

QUESTIONS: If you have any questions about measles, mumps or rubella vaccination, please ask us now or call your doctor or health department before you sign this form. 842-7910

REACTIONS: If the person who received the vaccine gets sick and visits a doctor, hospital, or clinic in the 4 weeks after vaccination, please report it to: 842-7910. After 4:30 pm telephone 744-4340.

PLEASE KEEP THIS PART OF THE INFORMATION SHEET FOR YOUR RECORDS

I have read the information on this form about measles, mumps and rubella and measles, mumps and rubella vaccines. I have had a chance to ask questions which were answered to my satisfaction. I believe I understand the benefits and risks of measles, mumps and rubella vaccines and request that the vaccine checked below be given to me or to the person named below for whom I am authorized to make this request.

MMR 12/1/77

VACCINE TO BE GIVEN: Measles___ Mumps___ Rubella___ Measles-Rubella___ Measles-Mumps-Rubella___

INFORMATION ON PERSON TO RECEIVE VACCINE		
Name (Please Print)	Birthdate	Age
Address	County	
State, ZIP		
X		
Signature of person to receive vaccine or person authorized to make the request		Date

FOR CLINIC USE
Clinic Ident.
Date Vaccinated
Manufacturer and Lot No.
Site of injection

BEST COPY

APPENDIX J

LETTER REGARDING IMMUNIZATION PROGRAM

ESMOND SCHOOL
1865 W. Montvale Ave.
Chicago, Ill. 60643
M.R.49

Sept. 20, 1984

Dear Parent,

The Board of Health will be at Esmond School to administer immunizations to our children on Monday, September 24, 1984.

According to our records, your child needs:

_____ DTP/ DT

_____ Oral Polio

_____ Measles

_____ Rubella

These immunizations are FREE OF CHARGE. Medical examinations will not be given here at school.

If you wish to have your child immunized here at school, please sign each of the attached forms and return TOMORROW, FRIDAY, September 21, 1984.

STUDENTS NOT HAVING THE REQUIRED IMMUNIZATIONS WILL BE EXCLUDED FROM SCHOOL ON OCTOBER 15, 1984.

Earl F. Fornaciari, Principal

Kathleen Finan R.N.
Kathleen Finan, School Nurse